

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/089356	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
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TOTAL IND.	1		3					
TOTAL DEP.	21		20					
TOTAL CLAIMS	22		23					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS